Breast implants

It is good news that silicone gel breast implants are returning to the market after an absence of 11 years. Compared with saline-filled implants, they are easier to use, have no valve or filler mechanism and are prefilled. Saline-filled implants, as everyone knows, show a ripple effect but there is less foreign material in the body. Gel-filled implants feel more natural.

I consider myself a breast implant customer, and there are two things I would like to know when purchasing a breast implant:

1. How thick is the outer membrane of the implant? I need to know this to make an informed choice about long term rupture rates of the implant. I would tend to choose thicker rather than thinner walled implants.
2. How thick is the gel inside the implant? A highly viscous gel might not feel as natural but should be less likely to migrate outside a ruptured capsule surrounding the implant.

Long term follow-up

Because breast implants are inserted for many years, we need long term follow-up. This should be easy, because women should be highly motivated to be interested in their health; both their breast health and systemic health, but it isn't that easy. The new breast shape becomes incorporated into the patient's body image, and sometimes the powerful defence mechanism of denial takes effect. Women occasionally do not tell a new partner they have had surgery and the result can be so good that the partner does not suspect. The implants become a secret from a past life. Imagine receiving by mail annual recheck reminder cards for implant and breast re-examinations in those circumstances. Add to that name changes and moving from city to city, even other provinces, states and countries, and the problem of follow-up assumes new proportions.

Ideally, follow-up for a breast implant patient should be for the rest of a woman's life. Who should do this follow-up? It can be any physician or surgeon.

A national registry for breast implant patients should be set up in Ottawa so that patients can notify the registry of problems such as further operations for pain, scarring, capsule surgery or implant removal or replacement. This is being done in Alberta and it should be done for the whole country, as it is in Denmark.

In future studies, I think we need to compare apples with oranges. Not all breast implants are the same. We need to compare same with same and we need to have considerable technical information from manufacturers so that we can compare implants.

John R Taylor

Silicone implants

Since 1992, there has been considerable debate as to whether silicone causes or exacerbates immune diseases. A number of women have syndromes which are hard to diagnose, in which their biochemical tests are normal for the tests we have available to us now.

As silicone gel implants come back on the market, it might be of value to consider not doing breast augmentations with these implants on women who already have collagen diseases, or syndromes such as chronic fatigue syndrome, fibromyalgia, or those with a strong family history of a collagen disease such as rheumatoid arthritis. Prospective patients might object, saying they have a right to an operation. That might be so, but declining certain patients might be the best thing to do.

Double lumen implants

Consider the double lumen implant. It might be one of the best ideas in beast implants. This implant, available in the 1980s, was a silicone gel implant, surrounded by a second membrane, forming an outer pocket filled with saline. It combined the best of both ideas. If the inner membrane ruptured, gel would be contained in the outer compartment. If the outer compartment ruptured, it was saline-filled and small volume so there would be little change in implant volume. But there was a rub. It was more complicated, and more difficult to make, so it was more expensive. Sometimes though, it might be best to consider these principles over price when considering a breast implant, even though there is much to be said for simplicity.

Plastic surgeons have sometimes promoted the newest implant with the assumption that the newest idea is the best. Those of us who have followed the debate for a longer period have sometimes seen the reverse. When thin-walled

implants replaced thick-walled implants the change, though logical, was not an advance. Sometimes ideas with a longer track record eventually prove to be better.

Diagnosis of ruptured implants

It can be difficult to clinically diagnose a ruptured silicone gel implant. Scans are good diagnostic tools, but are not accurate in very small ruptures and no one is suggesting we routinely diagnose rupture by surgery. Perhaps after a certain time period, breast implant patients should have their implants replaced, but who would suggest operating on a happy patient with no complications?

Long term follow-up will cost something but the expense is worthwhile and necessary. It will also be disclosed to consumers from time to time as the data is analysed and verified. This is as it should be and we should contribute to finding out all we can know about these useful devices.

John Taylor